

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT January 17, 2007

TIME OF INCIDENT 1928

REPORT NUMBER

E07-008D

FIRE	ENVIRONMENTAL	MEDICAL AID
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____ <u>All fires that generate a yellow sheet must have:</u> 1. A GO-106 filled out and signed by the ABUM 2. A narrative of the facts pertaining to the fire 3. FPO-60 notified for investigation purposes	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <i>2 ppm at source</i> <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____

LOCATION	DIVISION/SECTION	REPORTING PERSON	PHONE/RADIO
<u>3133 TK</u>		<u>NANCY / RSC</u>	<u>Cell / 5050</u>

UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>U-1 Darko</u>	<u>1928</u>	<u>1932</u>		<u>1945</u>
<u>U-1 Darko</u>	<u>2128</u>	<u>2131</u>	<u>1/18/07 1300</u>	<u>1/18/07 1300</u>
<u>E-3 Poy</u>	<u>2146</u>	<u>2148</u>	<u>1300</u>	<u>1300</u>
<u>B/C 60 T/dingco</u>	<u>2128</u>	<u>2131</u>	<u>1300</u>	<u>1300</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>1928</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input checked="" type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252	<u>2128</u>	<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input checked="" type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242	<u>2128</u>	<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input checked="" type="checkbox"/> Safety <i>Paged</i> Pager (510)247-5123	<u>2150</u>	<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input checked="" type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959	<u>2155</u>	<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) ext 2-3031	<u>2128</u>	(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext 2-2495	

DISPATCHER (Print)

Michelle Morris-Furston

DISPATCHER (Signature)

[Signature]

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

See Environmental Report for complete details.

W. Dacko
NAME(Print)

1/18/07
DATE

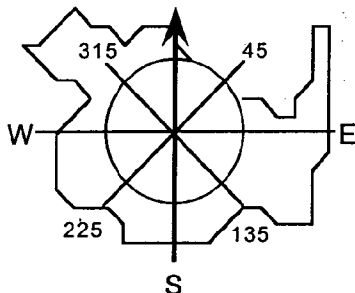
W. Dacko
SIGNATURE

BATTALION CHIEF _____

STAFF _____

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 01/17/2007 **Shift:** Night

Time of Incident: 1928 **Crew:** D

Report Type: Inquiry **Report From:** Inside

Report Of: Spill **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 14.1 **Wind Speed:** 6.1 **Observer:** W. Dacko **Phone #:** x4200

Observer Type: Captain

Observer's Address: Firehouse

Observer's Description:

Gasoline leak at 3133 Tank, Main Tank Field

Area Affected: High Hill, Ridge Rd, Main Tank Field, B&S **Duration:** 18 Hours

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Units responded to a report of a leak on the mixer at 3133 Tank, Main Tank Field. Upon arrival, a leak of ~10 gallons/minute was noticed spraying from the shaft of the mixer on the tank. The tank contained finished gasoline which was flowing and pooling in the basin area of the tank. Readings of 0 LEL and 0 Benzene were obtained all along the road above the tank basin. Per operations, the tank basin was isolated by a valve that leads to the Walrus Pond. An immediate foam operation was put into action to suppress any vapors in the tank basin. Firefighters Poy and Taylor utilized a plastic pool to contain leak, until a vacuum truck was able to safely approach to vacuum gasoline. Per operations tank was at its maximum level, so a plan to immediately start bringing the level down was put into place. CFD remained on scene continuing to flow foam as needed, until a maintenance team was able to safely attempt stopping the leak. Readings of 0 LEL and 2 PPM Benzene were taken at the leak source. Repair was made to the mixer shaft, and leak was stopped, turned incident over to operations for further follow up.

Remarks, Suggestions, Follow-ups To Be Made:

Possible Benzene exposure to two Maintenance and one Operation Personnel. All were checked at the clinic for testing. Need to confirm on dayshifts the possibility of gasoline in the Walrus Pond.

Returned Call To Observer: (Comments)

N/A

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE W. Dacko _____ RSC M. Garcia

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT January 19, 2007

TIME OF INCIDENT 0019

REPORT NUMBER E07-009D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>5H2S</u>	DIVISION/SECTION <u>D+R</u>	REPORTING PERSON	PHONE/RADIO <u>2946</u>
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UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
B/C 60TY/dingo	0019	0025	0139	0139
U-1 Duck	0019	0024	0139	0139
U-2 White	0019	0027	0139	0139
E3 Poy	0019	0027	0139	0139

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	0019	<input type="checkbox"/> Bridge, (510)232-9444	
<input checked="" type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252	0019	<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input checked="" type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242	0019	<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input checked="" type="checkbox"/> Safety <u>Paged</u> Pager (510)247-5123	0025	<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input checked="" type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959	0027	<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) ext 2-3031	0022	(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext 2-2495	

DISPATCHER (Print) Michelle Morris-Furton

DISPATCHER (Signature) Michelle Morris-Furton

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

Units responded to report of a leak on isolation valve on natural gas line in 5H2S plant, D&R. Upon arrival, a plant evacuation was in progress. Units were informed by operations personnel a leak was occurring at the packing on above referenced valve. Unit 1 established D&R command and investigated leak further. Leak was determined to be small in nature and a master stream from Engine #3 was placed on valve as a precaution while valve was depressured. All readings at ground level were 0 on gas testers. Upon reaching 0.2 PSI incident was turned over to operations for completion of valve repair. All readings at source of leak were 0 on gas testers.

W. Dacko

NAME(Print)

1/19/07

DATE

WLD

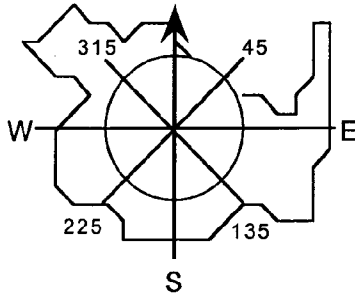
SIGNATURE

BATTALION CHIEF

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 01/19/2007 **Shift:** Night

Time of Incident: 0019 **Crew:** D

Report Type: Inquiry **Report From:** Inside

Report Of: Spill **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 18 **Wind Speed:** 6.2 **Observer:** W. Dacko **Phone #:** x4200

Observer Type: Captain

Observer's Address: Firehouse

Observer's Description:

Reported leak on packing of isolation valve, natural gas line, 5 H2S plant, D&R.

Area Affected: 5 H2S Plant **Duration:** 1 Hour

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Units responded to a report of a leak on the packing of an isolation valve on the natural gas line in the 5 H2S Plant, D&R. Upon arrival a plant evacuation was in progress. Leak was determined to be small in nature and a master stream from Engine #3 was placed on the valve as a precaution while the line was depressured by operations. All readings at ground level were 0 on the ITX gas tester. Upon reaching a .2 psi on the system, the incident was turned over to operations for completion of valve repair. All readings at the source of the leak were 0 on the ITX gas tester.

Remarks, Suggestions, Follow-ups To Be Made:

Turned over to operations personnel.

Returned Call To Observer: (Comments)

N/A

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE W. Dacko _____ RSC M. Garcia

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT

January 19, 2007

TIME OF INCIDENT

0435

REPORT NUMBER

E07-011A

FIRE	ENVIRONMENTAL	MEDICAL AID
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION F1100 B	DIVISION/SECTION D & R	REPORTING PERSON Larry Cawthorn	PHONE/RADIO 1550
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UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
U-1- Dacico	0435	0442		
U-6- Nardin	0435	0441		
U-7- Joseph	0435	0441		
U-5- Farina	0435	0437		
T-1 White	0435	0447		

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	0435	<input type="checkbox"/> Bridge, (510)232-9444	
<input checked="" type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252	0435	<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input checked="" type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242	0435	<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input checked="" type="checkbox"/> Safety Paged Pager (510)247-5123	0440	<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input checked="" type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959	0440	<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) ext 2-3031	0435	(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

Michelle Morris-Farson

DISPATCHER (Signature)

[Signature]

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

Units Responded to a report of a leak @ P1165 in the crude unit
Trj Responded & put a spray on the pump via the ladder monitors - Day-
Shift personnel arrived & proceeded to do air monitoring & down wind testing -
Plant ops thought it was cooling water (contaminated with hydrocarbons) so they
started isolating the cws. Upon another entry (under scBA) we s/d the
over head water stream to get a better visual & found that most of the
odors & benzene readings were coming from the pump end not the cooling
water system. We regrouped & got a game plan together with ops
& went back in to better identify a source of the readings. At this
entry we got no indication of any Hydrocarbons or benzene. We Termin-
ated command and will continue to monitor the area for hydrocarbons &
benzene. 0800

Steve Zik
NAME(Print)

1-19-07
DATE

SIGNATURE

BATTALION CHIEF

STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 01/22/07

TIME OF INCIDENT 0913

REPORT NUMBER E09-014D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <u>24ppm</u> <input checked="" type="checkbox"/> Spill Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <u>70ppm</u>	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>V-1900</u>	DIVISION/SECTION <u>RLOP/Hydro</u>	REPORTING PERSON <u>Dusty</u>	PHONE/RADIO <u>TAC-2</u>
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UNIT	DISPATCHED	ARRIVED	DEPARTED	IN SERVICE
<u>U-9</u>	<u>0913</u>			
<u>U-10</u>	<u>0913</u>			
<u>U-1</u>	<u>0916</u>			
<u>U-3</u>	<u>0916</u>			

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>0913</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) George Harper DISPATCHER (Signature) George Harper

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

Responded to V-1900 for the report of a strong odor of hydrocarbon. CFD personnel on scene was passing by the area and his benzene tester went off. Upon investigation, it was found on the north side of V-1900, hydrocarbon had spilled to the ground and benzene readings were 20ppm. Operations was already in the area washing it down the drain but didn't have SCBA's on. Operations was pulled out of area and a hot zone was established. Odors dissipated, readings were 0, hot zone was dropped. Safety, Joe Paladinos was informed.

Note- Operations was responding to a H2S alarm @ V-1900. It should be noted that they responded to this alarm without SCBA's. This would have avoided a potential exposure.

G. Bosworth
NAME (Print)

1/22/09
DATE


SIGNATURE

BATTALION CHIEF

STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 1/26/07

TIME OF INCIDENT 1303

REPORT NUMBER E07-021D

FIRE	ENVIRONMENTAL	MEDICAL AID
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>MTR & Manifold</u>	DIVISION/SECTION <u>B & S</u>	REPORTING PERSON <u>Edlinger</u>	PHONE/RADIO <u>1/A</u>
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UNIT	DISPATCHED	ARRIVED	DEPARTED	IN SERVICE
<u>U-1</u>	<u>1303</u>	<u>1314</u>	<u>1332</u>	
<u>U-2</u>	<u>1303</u>	<u>1313</u>	<u>1332</u>	
<u>U-4</u>	<u>1303</u>	<u>1313</u>	<u>1332</u>	
<u>BC-60</u>	<u>1303</u>	<u>1314</u>	<u>1332</u>	

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>1303</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) George Harper

DISPATCHER (Signature) George Harper

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

CFD responded manifold to assist R&S with some gas testing. They had a small leak on a valve and the leak was stopped when CFD arrived.

CFD Tested for benzene & LEL, all readings were zero.

Mike Roni

NAME (Print)

4/26/07

DATE

Mike Roni

SIGNATURE

BATTALION CHIEF

STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT January 27, 2007

TIME OF INCIDENT 2353

REPORT NUMBER E07-023 D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>RLOP E1917A</u>	DIVISION/SECTION <u>Hydro</u>	REPORTING PERSON <u>B/C 60 Kirby</u>	PHONE/RADIO <u>Cell</u>
--------------------------------	----------------------------------	---	----------------------------

UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>B/C-60</u>	<u>2353</u>			
<u>U-9 Miller</u>	<u>2353</u>			

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>2353</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input checked="" type="checkbox"/> Safety Pager (510)247-5123	<u>2356</u>	<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input checked="" type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959	<u>0004</u>	<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Michelle Morris-Farson DISPATCHER (Signature) Michelle Morris-Farson

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

Responded to a possible Benzene leak at RLOP
E 1917A. It was first tested with a VX500 and
in a few seconds got a reading of 150 ppm. The area
was immediately evacuated of all workers. Then
retested with a Drager tube and got a reading of
420 ppm plus.

Rob Miller

NAME(Print)

1-27-07

DATE

Rob Miller

SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 1/24/07

TIME OF INCIDENT 1032

REPORT NUMBER E07-024 D

<u>FIRE</u>		<u>ENVIRONMENTAL</u>		<u>MEDICAL AID</u>	
<input type="checkbox"/> Process	<input type="checkbox"/> Tank	<input type="checkbox"/> Class A	<input type="checkbox"/> Odor	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor
<input type="checkbox"/> Structure	<input type="checkbox"/> Trash	<input type="checkbox"/> Class B	<input type="checkbox"/> Spill	<input type="checkbox"/> Contractor / Company Name	
<input type="checkbox"/> Grass	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Class C	<input type="checkbox"/> Noise	Reported Complaint: _____ _____ _____ _____	
<input type="checkbox"/> Mutual Aid	<input type="checkbox"/> Electrical	<input type="checkbox"/> Class D	<input checked="" type="checkbox"/> Leak		
<input type="checkbox"/> Other _____			Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N		
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>			<input type="checkbox"/> Spill	Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N	
			All clear @ 1110		
LOCATION		DIVISION/SECTION	REPORTING PERSON	PHONE/RADIO	
		D & R	U-5 Corena	TAC I	
UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE	
U-5	1032				
U-6	1032				
U-7	1032				
U-1	1032				
U-2	1032				
BC-60	1032				
NOTIFICATIONS		TIME	NOTIFICATIONS		TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050		1047	<input type="checkbox"/> Bridge, (510)232-9444		
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252			<input type="checkbox"/> Richmond Dispatch, (510)233-1214		
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242			<input type="checkbox"/> RPD Watch Comm. (510)620-6643		
<input type="checkbox"/> Clinic ext 2-3240			<input type="checkbox"/> Sheriff, (925)228-8282		
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714			<input type="checkbox"/> CHP, (707)551-4205		
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831			<input type="checkbox"/> Coast Guard, (415)399-3547		
<input type="checkbox"/> Safety Pager (510)247-5123			<input type="checkbox"/> FBI (24hrs.) (415)553-7400		
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959			<input type="checkbox"/> AMR, (888)650-5472		
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433			<input type="checkbox"/> Cal Star (800)252-5050		
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584			(Calcord Freq. 156.075)		
<input type="checkbox"/> Truck Scales ext. 2-4571			<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358		
<input type="checkbox"/> Public Relations ext. 2-2400			(Rescue 28, S-S)		
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689			<input type="checkbox"/> WPSI Railserve, ext 2-2504		
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031			(U201 or U202, 1-A)		
(Notify for the fire pumps)			<input type="checkbox"/> General Chemical ext. 2-2495		

DISPATCHER (Print) George Harper

DISPATCHER (Signature) George Harper

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

CFD dispatch received a call from the D&R Shutdown firemarshals that JHT plant is being evacuated. Unit-5 reported H₂S type odors in the area and ^{used} for streets in the area to be closed.

Chevron operations found the problem was a leak at a loose union. Worker were using a ram pump to unplug a bleeder at the JHT 105/168 line. When the bleeder unplugged liquid traveled through the hose attached to the bleeder, and leaked at a loose union.

The leak was stopped and the area cleaned. After the area was tested for H₂S, the all clear was called.

NOTE*

6 worker were exposed related to this incident. See PCR'S for info.

Mike Roni

NAME(Print)

1/29/07

DATE

Mike Roni

SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT

1/30

TIME OF INCIDENT

1451

REPORT NUMBER

E07-025 D

<u>FIRE</u>			<u>ENVIRONMENTAL</u>			<u>MEDICAL AID</u>		
<input type="checkbox"/> Process	<input type="checkbox"/> Tank	<input type="checkbox"/> Class A	<input type="checkbox"/> Odor			<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor	
<input type="checkbox"/> Structure	<input type="checkbox"/> Trash	<input type="checkbox"/> Class B	<input type="checkbox"/> Spill	260P 9/10		<input type="checkbox"/> Contractor / Company Name		
<input type="checkbox"/> Grass	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Class C	<input type="checkbox"/> Noise	15 pit		Reported Complaint:		
<input type="checkbox"/> Mutual Aid	<input type="checkbox"/> Electrical	<input type="checkbox"/> Class D	<input checked="" type="checkbox"/> Leak	1/25				
<input type="checkbox"/> Other			Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N					
			Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N					
<p><i>All fires that generate a yellow sheet must have:</i></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>								
LOCATION		DIVISION/SECTION		REPORTING PERSON		PHONE/RADIO		
260P C/R		Hydro		U-11 KEVIN		TAC #2		
UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE				
U-9	1451							
U-10								
U-11								
BC 60	1452							
U-1								
U-12								
NOTIFICATIONS			TIME	NOTIFICATIONS			TIME	
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050			1453	<input type="checkbox"/> Bridge, (510)232-9444				
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252				<input type="checkbox"/> Richmond Dispatch, (510)233-1214				
<input checked="" type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242			1459	<input type="checkbox"/> RPD Watch Comm. (510)620-6643				
<input type="checkbox"/> Clinic ext 2-3240				<input type="checkbox"/> Sheriff, (925)228-8282				
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714				<input type="checkbox"/> CHP, (707)551-4205				
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831				<input type="checkbox"/> Coast Guard, (415)399-3547				
<input type="checkbox"/> Safety Pager (510)247-5123				<input type="checkbox"/> FBI (24hrs.) (415)553-7400				
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959				<input type="checkbox"/> AMR, (888)650-5472				
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433				<input type="checkbox"/> Cal Star (800)252-5050				
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584				<input type="checkbox"/> (Calcord Freq. 156.075)				
<input type="checkbox"/> Truck Scales ext. 2-4571				<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358				
<input type="checkbox"/> Public Relations ext. 2-2400				<input type="checkbox"/> (Rescue 28, S-S)				
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689				<input type="checkbox"/> WPSI Railserve, ext 2-2504				
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031				<input type="checkbox"/> (U201 or U202, 1-A)				
(Notify for the fire pumps)				<input type="checkbox"/> General Chemical ext. 2-2495				

DISPATCHER (Print)

George Harper

DISPATCHER (Signature)

George Harper

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID / CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

RLOP Shutdown firemarshals called dispatch to report a strong NH₃ & H₂S odor @ the Hydro Control with gas tester readings 50ppm NH₃ and 2ppm H₂S.

Unit #11 went with operations to 15 plant where operators & maintenance were working on a flange. When operations realized the impact of the odors they re-bolted the flange. Gas tester readings @ 15 plant were 17ppm H₂S & 50ppm NH₃.

Operations did not realize that workers were up on the second deck and three (3) workers were taken to the clinic due to exposure to the readings. (See PCR's for info)

A hot zone was established and when tester readings were zero operations was allowed to clean up and put worker back in the plant.

All entries downwind were re-tested and updated.

Mike Roni
NAME (Print)

1/30/07
DATE

Mike Roni
SIGNATURE

BATTALION CHIEF _____

STAFF _____

Dispatch Report

DATE OF INCIDENT**TIME OF INCIDENT**

REPORT NUMBER

DISPATCHER (Print)

DISPATCHER (Signature)

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

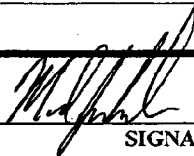
PSS was flipping a blind to steam out a dead leg in the 5 H2s plant. They had been hammering on the blind to loosen it up when a piece broke off and product got by and started leaking out the union downstream. The plant was evacuated and ops tried to go in and tighten up on the union but were unsuccessful. PSS then got on Scott Air to go in and fix the blind (put it to the open position) and then fix the union. Once that is completed ops will steam out the dead leg. Ops will also wash down the area to get rid of any odors. This leak occurred on some piping next to C-810.

Mark Jelonek

NAME(Print)

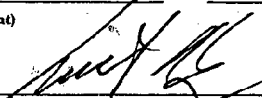
2-1-07

DATE



SIGNATURE

BATTALION CHIEF



STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT Feb 6, 2007

TIME OF INCIDENT 0249

REPORT NUMBER E07-038D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name <u>Reported Complaint:</u>
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>Pet Blend St.</u>	DIVISION/SECTION <u>B+S</u>	REPORTING PERSON <u>U-9 Roy</u>	PHONE/RADIO <u>OPS</u>
----------------------------------	--------------------------------	------------------------------------	---------------------------

UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>B/C 60 Tydingco</u>	<u>0249</u>	<u>0256</u>		
<u>U-1 White</u>	<u>0249</u>	<u>0254</u>		<u>0320</u>
<u>U-6 Hardin</u>	<u>0249</u>	<u>0254</u>		<u>0320</u>
<u>U-7 Joseph</u>	<u>0249</u>	<u>0254</u>		<u>0320</u>
<u>E-3 Taylor</u>	<u>0301</u>			<u>0320</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>0249</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input checked="" type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252	<u>0249</u>	<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input checked="" type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242	<u>0249</u>	<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) ext 2-3031	<u>0250</u>	(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

Michelle Morris-Fortson

DISPATCHER (Signature)

Michelle Morris-Fortson

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

RESPONDED TO ^{#1280} ODOR COMPLAINT FROM PETROLITE
5L. SOURCE OF ODOR WAS TRACED TO PETROLITE
5L BLEND STATION. T-713'S SEAL WAS LEAKING
HCO. PUMP WAS BLOCKED IN BY BBS OPS
WHICH STOPPED ODORS. AREA OUTSIDE OF
THE REFINERY WAS NOT AFFECTED. SEE
ENVIRONMENTAL REPORTS FOR MORE DETAILS

KWHIOB

NAME (Print)

2-6-07

DATE

[Signature]

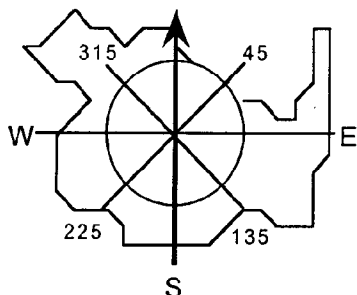
SIGNATURE

BATTALION CHIEF

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 02/06/2007 **Shift:** Night

Time of Incident: 0249 **Crew:** D

Report Type: **Report From:** Inside

Report Of: Odor, Spill **Source:**

Confirmed On-Site By CFRE: Yes

Wind Direction: 2804.2 **Wind Speed:** **Observer:** Jeff Lowe **Phone #:** Radio

Observer Type: Employee

Observer's Address: N/A

Observer's Description:

Funny smelling odor

Area Affected: Petrolite and Channel **Duration:** ~5 minutes

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Odor was traced back to Petrolite Hill Blend Sta. P-213. The pump had a leaking seal which sprayed HCO. Pump was blocked in to control leak which stopped odor. Surrounding area outside of the Refinery was not affected.

Remarks, Suggestions, Follow-ups To Be Made:

N/A

Returned Call To Observer: (Comments)

N/A

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE _____ RSC

Initial Hazard Assessment Work Sheet

Date 2/6/2007 I/C Tydingco Time 02:49

Emergency Routine Shutdown
Spill/Leak X Release Entry

Incident Name Petrolite Hill Command

Location/Equipment # P-213

Material/Product/Process HCO

Quantity Of Material Barrels <1bbl Gallons Pounds

Initial Testing Results

LEL 0% O2 20.9% Benzene 0 ppm PH

H2S 0 ppm SO2 0 ppm Mercury

Other

Initial Assessment/Action Taken < 1 bbls to unpaved area. MSDS # 2793

PPE Requirements

Tyvek, Mudsuits, Rubber boots, Rubber gloves. No respirator required

Personnel Exposed None

Post Exposure Benzene Testing Required? Yes No X

Effluent System Affected No

Response Information

- 1) Respond uphill and upwind.
- 2) Utilize adequate PPE. Full Turnouts and SCBA if needed.
- 3) Utilize Incident Command System.
- 4) Establish isolation zone. Close roads as needed
- 5) Remove unnecessary personnel form area. Evacuate personnel as needed.
- 6) Shelter in place downwind personnel

Dispatch Report

TIME OF INCIDENT 2119

REPORT NUMBER E07-039D

DISPATCHER (Print) W. Dacko

DISPATCHER (Signature)

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

RESPONDED TO REPORT OF LEAK FROM A ~~OLD~~
C-1120. UPON ARRIVAL SAW UNKNOWN LIQUID ~~AND~~
POURING DOWN SIDE OF COLUMN. PLANT AREA
WAS IN THE PROCESS OF BEING EVACUATED.
TESTER RESULTS WERE 0 BENZENE @ LEL
AT GRADE, ~~1~~ .5 PPM BENZENE 1 DECK UP WITH
.5 TO .9 PPM BENZENE AT LEAK SITE. OPERATIONS
WASH DOWN SPILL AREA AND DECKS BELOW
WITH FIRE MONITOR

K White

NAME(Print)

2-14-07

DATE

[Signature]

SIGNATURE

BATTALION CHIEF

[Signature]

STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 2/24/07

TIME OF INCIDENT 1135

REPORT NUMBER EB7-044D

FIRE	ENVIRONMENTAL	MEDICAL AID
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak <u>cut line tape</u> Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - fill out Enviro Info Form? <u>42 CEC</u>	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>D&R sb</u>	DIVISION/SECTION <u>D&R</u>	REPORTING PERSON <u>Bigge</u>	PHONE/RADIO <u>CFD - ATG</u>
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UNIT	DISPATCHED	ARRIVED	DEPARTED	IN SERVICE
<u>U-5</u>	<u>1135</u>	<u>1137</u>		<u>1215</u>
<u>U-6</u>	<u>1135</u>	<u>1137</u>		<u>1215</u>
<u>U-1</u>	<u>1135</u>	<u>1138</u>		<u>1215</u>
<u>U-3</u>	<u>1135</u>	<u>1139</u>		<u>1215</u>
<u>BC-60</u>	<u>1135</u>	<u>1139</u>		<u>1215</u>
<u>U-7</u>	<u>1135</u>	<u>1137</u>		<u>1215</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>1222</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-I ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) George Harper

DISPATCHER (Signature) George Harper

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

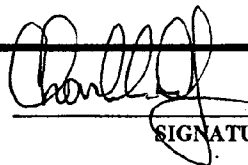
Reported HYDRO CARBON odor ON EAST END OF CRUDE FURNACES.
A LINE WAS CUT WITHOUT FOLLOWING CUTLINE TAPE PROCEDURES
RESULTING IN THE LINE DRAINING LIQUID (WITH 40% LEL) TO GRADE.
SPILL WAS CLEANED UP AND D&R mgmt CALLED A SAFETY MEETING
TO ADDRESS THE NEAR MISS.

C. DAVIS

NAME(Print)

2/24/07

DATE



SIGNATURE

BATTALION CHIEF

C.A. Davis

STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 2/28/07

TIME OF INCIDENT 1231

REPORT NUMBER E07-046D

<u>FIRE</u>		<u>ENVIRONMENTAL</u>		<u>MEDICAL AID</u>	
<input type="checkbox"/> Process	<input type="checkbox"/> Tank	<input type="checkbox"/> Class A	<input type="checkbox"/> Odor	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor
<input type="checkbox"/> Structure	<input type="checkbox"/> Trash	<input type="checkbox"/> Class B	<input type="checkbox"/> Spill	<input type="checkbox"/> Contractor / Company Name	
<input type="checkbox"/> Grass	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Class C	<input type="checkbox"/> Noise	Reported Complaint: _____ _____ _____ _____	
<input type="checkbox"/> Mutual Aid	<input type="checkbox"/> Electrical	<input type="checkbox"/> Class D	<input checked="" type="checkbox"/> Leak <u>T-1637</u>		
<input type="checkbox"/> Other _____			Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <u>1.5ppm</u>		
<u>All fires that generate a yellow sheet must have:</u> 1. A GO-106 filled out and signed by the ABUM 2. A narrative of the facts pertaining to the fire 3. FPO-60 notified for investigation purposes			<input type="checkbox"/> Spill		
			Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> GLM - fill out Enviro Info Form?		
			<u>10 CEL</u>		

LOCATION	DIVISION/SECTION	REPORTING PERSON	PHONE/RADIO
<u>RPM St</u>	<u>B&S</u>	<u>Edlinger</u>	<u>c/A</u>

UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>U-1</u>	<u>1231</u>	<u>1234</u>		<u>1300</u>
<u>U-3/E3</u>	<u>1231</u>	<u>1237</u>		<u>1300</u>
<u>U-4</u>	<u>1231</u>	<u>1234</u>		<u>1254</u>
<u>BC 60</u>	<u>1231</u>			<u>1237</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>1234</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) George Harper

DISPATCHER (Signature) George Harper

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

Units responded to 71637 for report of a leak.
Upon arrival, units noticed a leak coming from the pump seal
and about 1/2 Barrel of Gasoline around pump and base. Units
took Benzene and LEL reads 3 feet away from leak. % LEL
and 1.5ppm Benz. at the source readings read 10% LEL and
5ppm Benz. Units Isolated valves between tank + Pump.
Ops took over the scene and used a Vacuum truck
to suck up product.

W. Mario Ferrer

NAME(Print)

2/28/07

DATE

[Signature]

SIGNATURE

BATTALION CHIEF _____

STAFF _____

Dispatch Report

TIME OF INCIDENT 1355

REPORT NUMBER E07.047 D

DISPATCHER (Print)

DISPATCHER (Signature)

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

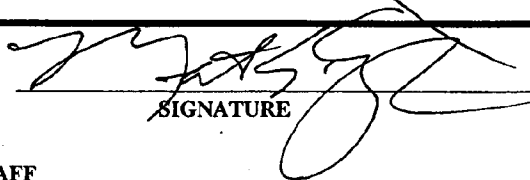
CFD responded to 21 pump station for the report of a gasoline leak. Upon arrival initial atmospheric monitoring was 0% LEL on Standard Ave., 2 ft. downwind from the source of the leak had 0% LEL and 0 ppm benzene. 6" above the leak had 2-3% LEL and 1.0 ppm benzene. Ops. isolated upstream and downstream of the leak. Benzene testing on Standard Ave. showed .1 ppm benzene on Standard Ave. downwind of the leak. CFD put up "Benzene" warning tape and turned the scene over to Ops. to arrange for clean up.

Martin S. Silva

NAME(Print)

3/6/07

DATE



SIGNATURE

BATTALION CHIEF

STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 3/22/07

TIME OF INCIDENT 1824

REPORT NUMBER E07-050D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>24 Transfer line</u>	DIVISION/SECTION <u>T+B</u>	REPORTING PERSON <u>V-300</u>	PHONE/RADIO <u>DISP.</u>
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UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>B/C 60 Camphon</u>	<u>1824</u>	<u>1827</u>		
<u>U-1 Danko</u>	<u>1824</u>	<u>1828</u>		
<u>U-2 Jelonek</u>	<u>1824</u>	<u>1830</u>		

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>1824</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Michelle Morris-Sutton DISPATCHER (Signature) Michelle Morris-Sutton

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

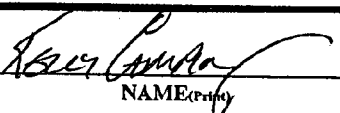
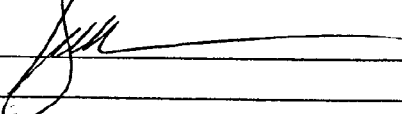
CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

DEWOP LINE. FIRE LITEN. TURNED OVER TO ADN. LINE DUE FOR
REPLACEMENT

  3/22/04
NAME (Print) DATE SIGNATURE
BATTALION CHIEF STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 4/2/07

TIME OF INCIDENT 1623

REPORT NUMBER

E07-053D

<u>FIRE</u>			<u>ENVIRONMENTAL</u>			<u>MEDICAL AID</u>		
<input type="checkbox"/> Process	<input type="checkbox"/> Tank	<input type="checkbox"/> Class A	<input type="checkbox"/> Odor			<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor	
<input type="checkbox"/> Structure	<input type="checkbox"/> Trash	<input type="checkbox"/> Class B	<input type="checkbox"/> Spill			<input type="checkbox"/> Contractor / Company Name		
<input type="checkbox"/> Grass	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Class C	<input type="checkbox"/> Noise			Reported Complaint: _____		
<input type="checkbox"/> Mutual Aid	<input type="checkbox"/> Electrical	<input type="checkbox"/> Class D	<input checked="" type="checkbox"/> Leak			_____		
<input type="checkbox"/> Other _____			Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			_____		
<u>All fires that generate a yellow sheet must have:</u>			<input type="checkbox"/> Spill			_____		
1. A GO-106 filled out and signed by the ABUM			Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N			_____		
2. A narrative of the facts pertaining to the fire			<input type="checkbox"/> GLM - fill out Enviro Info Form?			_____		
3. FPO-60 notified for investigation purposes								
LOCATION <u>C-1190</u>			DIVISION/SECTION <u>D&R E</u>		REPORTING PERSON <u>Rob</u>	PHONE/RADIO <u>X 2946</u>		
UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE				
<u>U-1</u>	<u>1623</u>	<u>1627</u>	<u>1641</u>	<u>1641</u>				
<u>U-3 T-1</u>	<u>1623</u>	<u>1628</u>	<u>1639</u>	<u>1641</u>				
<u>U-2 E-3</u>	<u>1623</u>	<u>1629</u>	<u>1641</u>	<u>1641</u>				
<u>BC60</u>	<u>1623</u>	<u>1631</u>	<u>1641</u>	<u>1641</u>				
NOTIFICATIONS		TIME	NOTIFICATIONS		TIME			
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050		<u>1623</u>	<input type="checkbox"/> Bridge, (510)232-9444					
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252			<input type="checkbox"/> Richmond Dispatch, (510)233-1214					
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242			<input type="checkbox"/> RPD Watch Comm. (510)620-6643					
<input type="checkbox"/> Clinic ext 2-3240			<input type="checkbox"/> Sheriff, (925)228-8282					
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714			<input type="checkbox"/> CHP, (707)551-4205					
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831			<input type="checkbox"/> Coast Guard, (415)399-3547					
<input checked="" type="checkbox"/> Safety Pager (510)247-5123		<u>1625</u>	<input type="checkbox"/> FBI (24hrs.) (415)553-7400					
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959			<input type="checkbox"/> AMR, (888)650-5472					
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433			<input type="checkbox"/> Cal Star (800)252-5050					
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584			(Calcord Freq. 156.075)					
<input type="checkbox"/> Truck Scales ext. 2-4571			<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358					
<input type="checkbox"/> Public Relations ext. 2-2400			(Rescue 28, S-S)					
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689			<input type="checkbox"/> WPSI Railserve, ext 2-2504					
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031			(U201 or U202, 1-A)					
(Notify for the fire pumps)			<input type="checkbox"/> General Chemical ext. 2-2495					

DISPATCHER (Print)

Corena LeDonne

DISPATCHER (Signature)

Corena LeDonne

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

CFD responded to D+R for the report of A leak on A bypass valve @ C-1190. Upon Arrival Unit 1 made contact w/ ops. who stated they felt the leak was stopped and maintenance was on the way. Unit confirmed there was no visible leak and tested the area w/ an ITX tester and 13-14% LEL right next to the packing of the valve and 2-3% LEL about a foot away from the valve. Maint. tightened up on the packing and the leak was confirmed stopped.

Martin S. Sylva

NAME (Print)

4/12/07

DATE

[Signature]

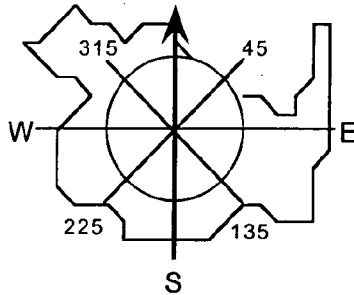
SIGNATURE

BATTALION CHIEF

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 04/03/2007

Shift: Day

Time of Incident: 1548

Crew: A

Report Type: Informational

Report From: Inside

Report Of: Odor **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 225 **Wind Speed:** **Observer:** Paul Torres **Phone #:** 242-2294

Observer Type: Company employee

Observer's Address:

Observer's Description:

A vent hose had come off the top of a poly tank at the north end of the ESA pad. The tank was known to have an H₂S conc.

Area Affected: EAS and small area to NE **Duration:** 30 mins.

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

CFRE found no detectable readings at grade level. on top of the tank there was a reading of 18 ppm H₂S. CFD hooked the vent hose back up and readings came down to 0 on top of the tank and off of the carbon filter connected to the vent hose.

Remarks, Suggestions, Follow-ups To Be Made:

N/A

Returned Call To Observer: (Comments)

Observer remained on scene.

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE M.S. Sylva _____ RSC Mark Wilson

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 4/4/07

TIME OF INCIDENT 1243

REPORT NUMBER E07-057D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>RLOP</u>	DIVISION/SECTION <u>C-1200</u>	REPORTING PERSON <u>RLOP</u>	PHONE/RADIO <u>X5287</u>
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UNIT	DISPATCHED	ARRIVED	DEPARTED	IN SERVICE
U-1	1243	1248	1630	1700
U-2 / BT T1	1243	1252	1630	1700
U-3-E-3	1243	1248	1630	1700
U-7 EB	1243	1245	1600	1600
BC60	1243	1247	1625	1625

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	1243	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input checked="" type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input checked="" type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input checked="" type="checkbox"/> Truck Scales ext. 2-4571	1247	<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input checked="" type="checkbox"/> WPSI Railserve, ext 2-2504	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)	1324	<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Corena LeDonne

DISPATCHER (Signature) Corena LeDonne

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

Units responded to C1200: RLOP for the report of a possible leaking manway. Upon arrival, vapor was visibly coming out of top manway and liquid was running down column. After talking to RLOP Ops., they informed CFD that the vapor was flammable and the flashpoint was $<100^{\circ}\text{F}$. Truck 1 was set up on Hydroprocessing St., the ladder flown, and water was applied via the aerial monitors to the area of the leak. Water was applied for approximately $3\frac{1}{2}$ hours, interrupted twice to assess the leak by Tony DiPalma using the hydrocarbon camera. At approx. 1550 hours, RLOP Ops. informed CFD Command that the pressure in the column had come down sufficiently enough (as well as temperature) to discontinue aerial operations. All units went back into service and command terminated. The plant was turned over to Ops. at that time.

Ken Wimer

NAME (Print)

4/5/07

DATE



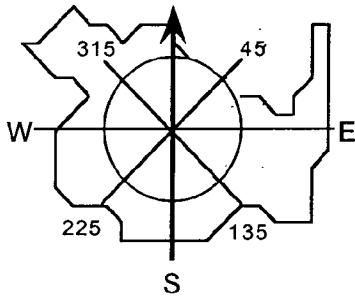
SIGNATURE

BATTALION CHIEF

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log
Sheet



Date of Incident: 04/04/2007 Shift: Day

Time of Incident: 1243 Crew: A

Report Type: Complaint Report From: Inside

Report Of: Visible Emission Source: Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 349 Wind Speed: 3.9 Observer: RLOP Ops Phone #: 5287

Observer Type: Employee

Observer's Address: Refinery

Observer's Description:

Vapor and liquid coming from top manway of C1200

Area Affected: North Yard: RLOP, North & South Isomax Duration: 3 hours

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Unit 1 confirmed visible emission / leak off of top of C1200 manway area. Ops informed Unit 1 of material leaking was light hydrocarbon possibly containing H₂S. Vapors suppressed using aerial monitors from Truck 1 until column pressure and temperature dropped sufficiently.

Remarks, Suggestions, Follow-ups To Be Made:

Ops to make repairs with maintenance to affected area.

Returned Call To Observer: (Comments)

N/A

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Ken Wimer _____ RSC Mark Wilson

Dispatch Report

TIME OF INCIDENT**REPORT NUMBER**

MEDICAL AID

Reported Complaint:

1. A GO-106 filled out and signed by the ABUM
2. A narrative of the facts pertaining to the fire
3. FPO-60 notified for investigation purposes

PHONE/RADIO

5247

INSERVICE

1454

1454

1459

145

TIME

(U201 or U202, 1-A)

(Notify for the fire pumps)

DISPATCHER (Signature)

Rev. 09/09/06

EPA

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

RESPONDED TO REPORT FOR REPORT OF TUBE
LEAK. T-1 SUPPLIED AN ISOLATION STREAM
WHILE 2 OPERATORS & 1 FIREFIGHTER ISOLATED
LEAKING VALVE. LEAK WAS SECURED WITH
NO ISSUES. SEE ENVIRONMENTAL REPORT FOR
MORE INFORMATION. BENZENE AND GAS TESTER
RESULTS WERE 0'S & 20.9% O₂ FOR SAFE
ENTRY INTO LEAK AREA.

K WHITE

NAME(Print)

4-9-07

DATE

[Signature]

SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT April 14, 2007

TIME OF INCIDENT 1306

REPORT NUMBER E07-058D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>Old North Iso</u>	DIVISION/SECTION <u>Hydro-Proc</u>	REPORTING PERSON <u>Jason</u>	PHONE/RADIO <u>1576</u>
----------------------------------	---------------------------------------	----------------------------------	----------------------------

UNIT	DISPATCHED	ARRIVED	DEPARTED	IN SERVICE
<u>BC60 Angeli</u>	<u>1306</u>			
<u>U-1 Duro</u>	<u>1306</u>	<u>1312</u>		
<u>U-3 Taylor</u>	<u>1306</u>	<u>1312</u>	<u>1506</u>	<u>1506</u>
<u>E-3 Resenger</u>	<u>1306</u>			
<u>2nd Alarm</u>	<u>1321</u>			

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>1306</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input checked="" type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959	<u>1330</u>	<input type="checkbox"/> AMR, (888)650-5472	
<input checked="" type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

Michelle Morris-Rortson

DISPATCHER (Signature)

Michelle Morris-Rortson

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

The Richmond refinery fire department responded to a call from North Isomax regarding a tubing leak at FI-541 their High Pressure Sour Hydrocarbon treater. The responding fire department members arrived to find steam being applied to the leaking tubing. With discussion between operating and fire department personnel, it was decided to attempt to isolate the leaking tubing by closing two valves. Closing the two valves did not isolate the leak it was decided by operations to shutdown the plant and repair the problem.

Daryl S. Taylor
NAME (Print)

04/14/07
DATE

Daryl S. Taylor
SIGNATURE

BATTALION CHIEF

STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 7/3/07

TIME OF INCIDENT 2238

REPORT NUMBER E07-070 D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak <u>Butane</u> Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <u>ppm</u> <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTING PERSON	PHONE/RADIO
<u>21 Pump</u>	<u>T&B</u>	<u>Jim Tompkins</u>	<u>3270</u>

UNIT	DISPATCHED	ARRIVED	DEPARTED	IN SERVICE
<u>U-1</u>	<u>2239</u>	<u>2243</u>		<u>2310</u>
<u>U-2</u>	<u>2239</u>	<u>2243</u>		<u>2310</u>
<u>U-3/E3</u>	<u>2239</u>	<u>2245</u>		<u>2310</u>
<u>BC 60</u>	<u>2239</u>	<u>2243</u>	<u>T&B COMMAND</u>	<u>2244 2256</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>2238</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input checked="" type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252	<u>2238</u>	<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input checked="" type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242	<u>2238</u>	<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

George Harper

DISPATCHER (Signature)

George Harper

CUSA-CSB-0019725

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

At approx 2238 units 1, 2, 3 + BC 60 responded to 21 pump station for a report of a leak on P2. Upon arrival, units noticed crystals on pump skid. Ops informed units that a safety lifted on the line and the safety must have frozen open. Unit took LEL Readings 70% LEL and 0% benzene. Units used inplant monitor to spray on pump. LEL went taken again and received 0%. The pump was isolated by ops. Ops stated they would check the pump in the morning. The plant was turned back over to ops. PRODUCT BACKED UP THROUGH THE PUMP PAD DRAINS.

MARIS Ferrer

NAME (Print)

7-4-07

DATE

[Signature]

SIGNATURE

BATTALION CHIEF

[Signature]

STAFF

Dispatch Report

TIME OF INCIDENT 2200

REPORT NUMBER E07-072D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ _____

LOCATION	DIVISION/SECTION	REPORTING PERSON	PHONE/RADIO
OLD ALKY control Rm	ALKY / CRACKING	BRIAN	2322

[illegible]

NOTIFICATIONS			TIME	NOTIFICATIONS			TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A)	ext 2-5050		2206	<input type="checkbox"/> Bridge,	(510)232-9444		
<input checked="" type="checkbox"/> SYSS, (U710, 1-A)	ext 2-5252		2206	<input type="checkbox"/> Richmond Dispatch,	(510)233-1214		
<input checked="" type="checkbox"/> NYSS, (U711, 1-A)	ext 2-4242		2206	<input type="checkbox"/> RPD Watch Comm.	(510)620-6643		
<input type="checkbox"/> Clinic	ext 2-3240			<input type="checkbox"/> Sheriff,	(925)228-8282		
<input type="checkbox"/> Ann Dinh (Medical, 24/7)	Pager (510)620-7714			<input type="checkbox"/> CHP,	(707)551-4205		
<input type="checkbox"/> Long Beach Medical Clinic	(562)437-0831			<input type="checkbox"/> Coast Guard,	(415)399-3547		
<input type="checkbox"/> Safety	Pager (510)247-5123			<input type="checkbox"/> FBI (24hrs.)	(415)553-7400		
<input type="checkbox"/> CFD Chief	ext. 2-5000	Pager (510)620-7959		<input type="checkbox"/> AMR,	(888)650-5472		
<input type="checkbox"/> FPO-60	ext. 2-5481	Pager (510)620-7433		<input type="checkbox"/> Cal Star	(800)252-5050		
<input type="checkbox"/> S-1	ext. 2-1878	Pager (510)620-7584			(Calcord Freq. 156.075)		
<input type="checkbox"/> Truck Scales	ext. 2-4571			<input type="checkbox"/> RPD Marine Patrol Boat,	(510)685-9358		
<input type="checkbox"/> Public Relations	ext. 2-2400				(Rescue 28, S-S)		
<input type="checkbox"/> FOS (U11, 1-C)	ext. 2-2689			<input type="checkbox"/> WPSI Railserve,	ext 2-2504		
<input checked="" type="checkbox"/> EOD (U-126, 1-G)	ext 2-3031		2212		(U201 or U202, 1-A)		
	(Notify for the fire pumps)			<input type="checkbox"/> General Chemical	ext. 2-2495		

DISPATCHER (Print) *DANIEL HOPKINS*

DISPATCHED (Signature)

CUSA-CSB-0019727

EPA

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

CFD responded to the YDIB for the report of a seal leak on P-430 involving propane. Upon arrival Ops. reported the pump had been isolated and depressured. CFD confirmed the pump was isolated but there was still a minimal leak from the seal area. Ops. put a steam lance on the pump seal to dissipate the propane + CFD confirmed minimal < 8% LEL readings around the pump. Area was turned over to Ops.

Martin S. Silva

NAME (Print)

7/7/07

DATE

SIGNATURE

BATTALION CHIEF

STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 6/13/07

TIME OF INCIDENT 1427

REPORT NUMBER E07-0688

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>15 pump STATION</u>	DIVISION/SECTION <u>B+S</u>	REPORTING PERSON <u>Dan Edlinger</u>	PHONE/RADIO <u>2395</u>
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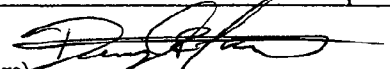
UNIT	DISPATCHED	ARRIVED	DEPARTED	IN SERVICE
<u>BC 60</u>	<u>1427</u>		<u>1435</u>	<u>1435</u>
<u>U1</u>	<u>1427</u>	<u>1432</u>		
<u>U2/E3 HARDIN</u>	<u>1427</u>	<u>1433</u>	<u>1435</u>	<u>1435</u>
<u>U3/E4 HARPER</u>	<u>1427</u>	<u>1433</u>	<u>1435</u>	<u>1435</u>
<u>U8/HARZ</u>	<u>1427</u>		<u>1435</u>	<u>1435</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>1433</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

Darryl Johnson

DISPATCHED (Signature)



CUSA-CSB-0019729

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

Unit responded to 15 pump for a report of a leak.
Made contact with 845 H.O. who stated the leak had
stopped, and it was due to over pressure from the heat
of the day. The leak was on a 10 inch line that went from
15 pump to 3196 T. 3196 T is currently blinded at 15
pump manifold. Ols opened the line to 399 tank to
re route the product, which is recycled oil. CFD
personnel took readings at the leak source and on
ground 6 inches from pool of recycled oil.

0% CEL

0ppm H₂S

0ppm Benzene

approx 3 gallons of product was on the ground
which was about 15 feet below the manifold.
Incident was turned over to ops for clean up.

Mario Ferrer

NAME (Print)

6/13/07

DATE

[Signature]

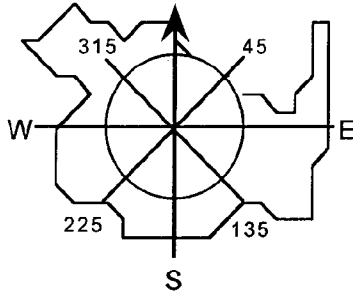
SIGNATURE

BATTALION CHIEF

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 06/13/2007

Shift: Day

Time of Incident: 1427

Crew: D

Report Type: Informational

Report From: Inside

Report Of: Spill

Source: Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 144

Wind Speed: 2.2

Observer: Don Edlinger

Phone #: 2395

Observer Type: Spill

Observer's Address: Richmond / B&S

Observer's Description:

Area Affected: 15 pump station

Duration: Approx 20 min

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Upon arrival, line was re routed by B&S to T399 and leak had stopped.

Remarks, Suggestions, Follow-ups To Be Made:

Benzene, H₂S and LEL reading were taken at the source and the puddle on the ground - all numbers were zero.

Returned Call To Observer: (Comments)

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Mario Ferrer _____ RSC

Chevron Fire Department Air Monitoring Sample Log Sheet

Date 06/13/2007 Wednesday

Name of Sampler Daryl Johnson/DJDR/CTINT

e

Sample Serial #	Time	Exact Location of Sample (address, cross streets, landmarks, etc)	Benze ne	SO2	H2S	CO	NO2	NH3	Wipe Sample (1)	Bag Sample (1)	Comments
	04:50:46 PM	High Hill GLM		0	0	0					No odor, west winds
	04:55:25 PM	Castro st. GLM		0	0	0					No odors, S.W. winds
	04:57:58 PM	Gertrude GLM		0	0	0					No odors, S.E. winds, brisk
	05:00:07 PM	Office Hill GLM		0	0	0					No Odors, no winds

(1) Sample to be analyzed later
Refinery

Chevron Richmond

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 7/9/07

TIME OF INCIDENT 0855

REPORT NUMBER E07-073D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name <u>Reported Complaint:</u> <u>Toluene leak to the</u> <u>GRADE</u>
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>21 pump</u>	DIVISION/SECTION <u>T&B</u>	REPORTING PERSON	PHONE/RADIO
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UNIT	DISPATCHED	ARRIVED	DEPARTED	IN SERVICE
<u>U-1/E-3</u>	<u>0855</u>	<u>0857</u>		
<u>U-2</u>	<u>0855</u>	<u>0857</u>		
<u>U-3</u>	<u>0855</u>	<u>0857</u>		
<u>BC-60</u>	<u>0855</u>			

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>0855</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) George Harper

DISPATCHER (Signature) George Harper

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

CFD units responded to Ethyl
Read for a report of a Toluene leak. Units
Noticed a leak on the 34 gas line. Readings
were taken and line was isolated. Valve
was turned back over to ops.

Mario Ferrera

NAME(Print)

4-27-07

DATE

[Signature]

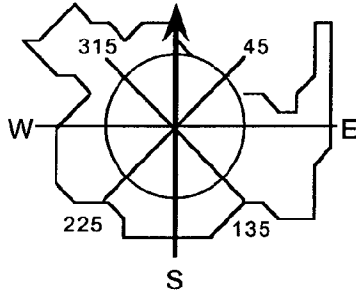
SIGNATURE

BATTALION CHIEF _____

STAFF _____

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 07/09/2007

Shift: Day

Time of Incident: 0855

Crew: D

Report Type: Inquiry

Report From: Inside

Report Of: Spill

Source: Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 255.33
242-4335

Wind Speed: 15.39

Observer: Dave Phillips

Phone #:

Observer Type: Operator

Observer's Address: 841 Chevron Way

Observer's Description:

The 6 inch line coming from 1289 Tank to 21 pump station was leaking Toluene

Area Affected: S/E of 1289 Tank

Duration: 55 minutes

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Units found the (34 Gas) 6 inch line leaking Toulene about 1/2 gallon a minute. The line was isolated by ops prior to CFD arrival, but there was a flow of product still on the ground about 6 inches wide by 3 inches deep and 80 foot long. Units took readings 6 inches from source with .5 ppm benzene and 50 % lel. The breathing zone was zero on both readings. Units also took reading at the seperator, 250 channel inlet and the diversions box. Readings are attached to the air monitoring log.

Remarks, Suggestions, Follow-ups To Be Made:

Site was isolated for access control. Workers for B&S (vac truck drivers, soil remediation crew) will require 1/2 face respirators.

EOD workers at diversion box will wear proper PPE as per yellow book. Recovered oil cell will be full face resp, C/D cell will require 1/2 face resp when working in these areas.

Returned Call To Observer: (Comments)

None needed / Turnover was given on scen.

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Mario Ferrer _____ RSC Mike Garcia

Chevron Fire Department Air Monitoring Sample Log Sheet

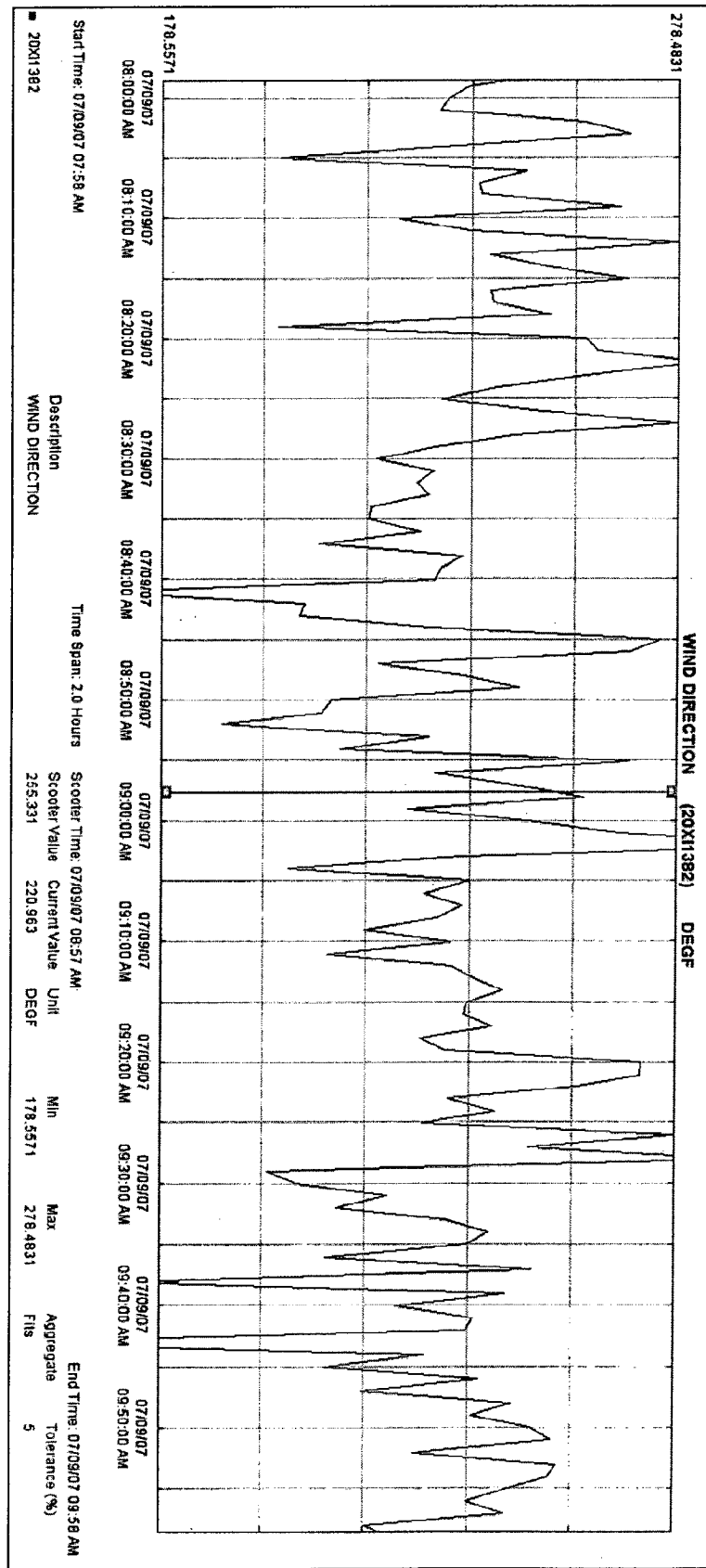
Date 06/13/2007 Wednesday
e _____

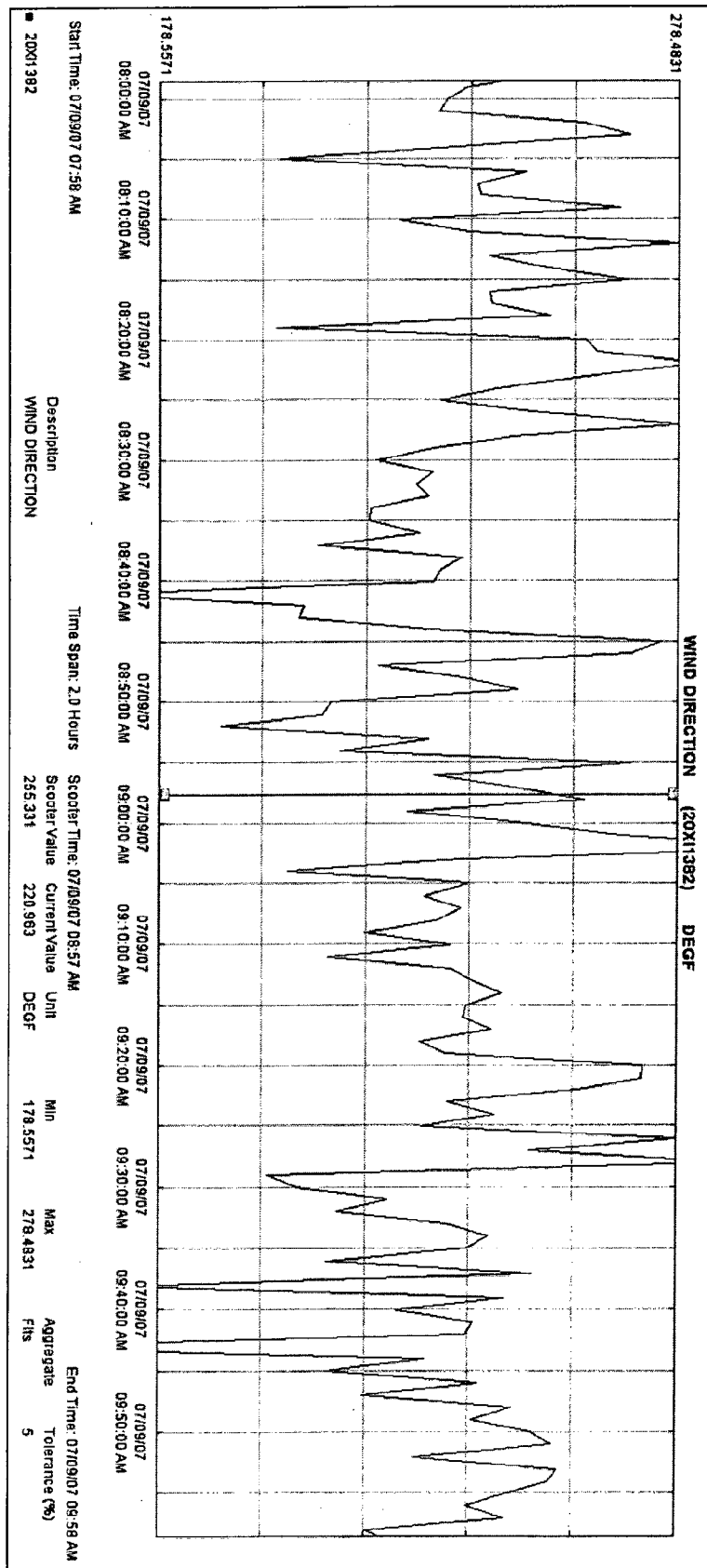
Name of Sampler Daryl Johnson/DJDR/CTINT

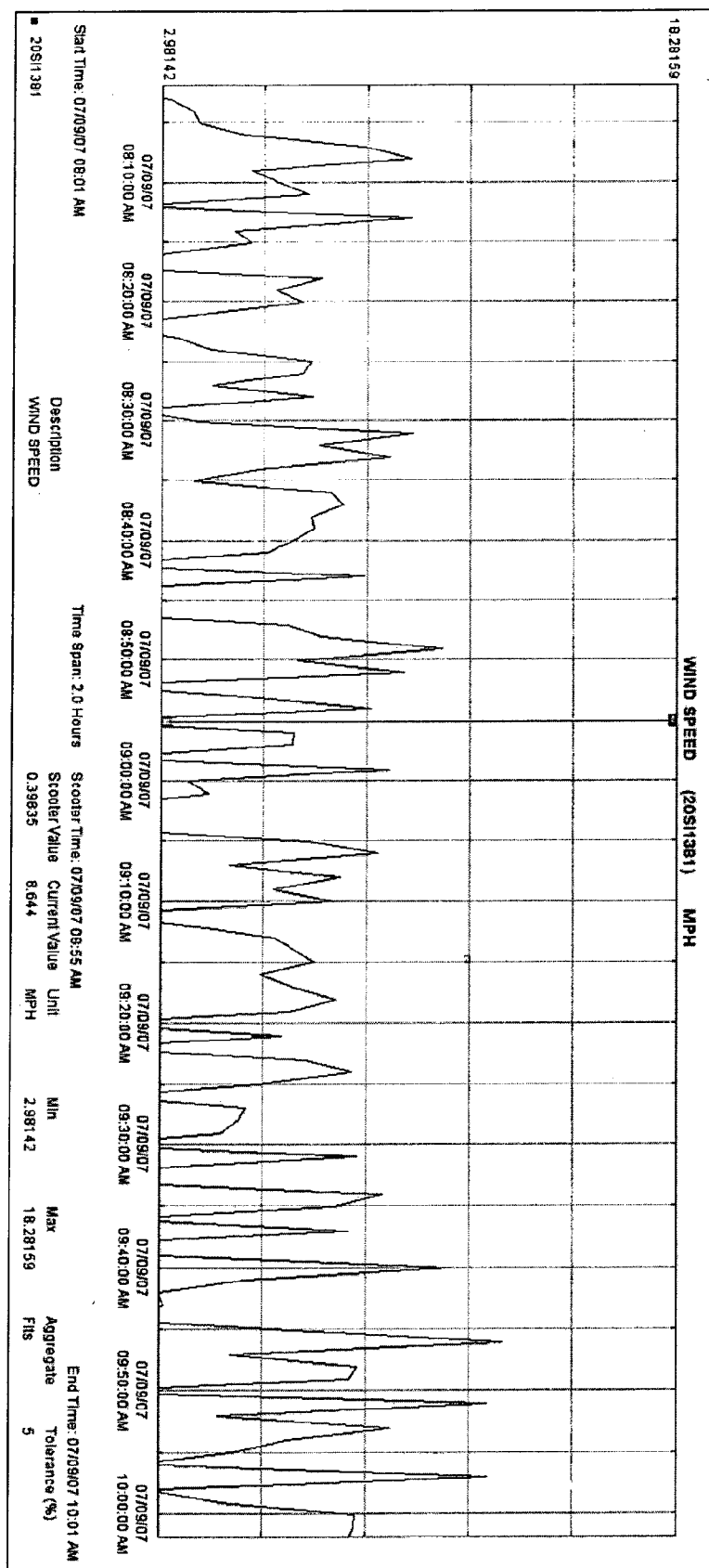
Sample Serial #	Time	Exact Location of Sample (address, cross streets, landmarks, etc)	Benze ne	SO2	H2S	CO	NO2	NH3	Wipe Sample (1)	Bag Sample (1)	Comments
	04:50:4 6 PM	High Hill GLM		0	0	0					No odor, west winds
	04:55:2 5 PM	Castro st. GLM		0	0	0					No odors, S.W. winds
	04:57:5 8 PM	Gertrude GLM		0	0	0					No odors, S.E. winds, brisk
	05:00:0 7 PM	Office Hill GLM		0	0	0					No Odors, no winds

(1) Sample to be analyzed later
Refinery

Chevron Richmond

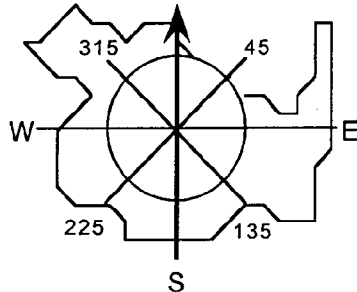






Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 07/09/2007 **Shift:** Day

Time of Incident: 0855 **Crew:** D

Report Type: Inquiry **Report From:** Inside

Report Of: Spill **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 255.33 **Wind Speed:** 15.39 **Observer:** Dave Phillips **Phone #:**
242-4335

Observer Type: Operator

Observer's Address: 841 Chevron Way

Observer's Description:

The 6 inch line coming from 1289 Tank to 21 pump station was leaking Toluene

Area Affected: S/E of 1289 Tank **Duration:** 55 minutes

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Units found the (34 Gas) 6 inch line leaking Toulene about 1/2 gallon a minute. The line was isolated by ops prior to CFD arrival, but there was a flow of product still on the ground about 6 inches wide by 3 inches deep and 80 foot long. Units took readings 6 inches from source with .5 ppm benzene and 50 % lel. The breathing zone was zero on both readings. Units also took reading at the seperator, 250 channel inlet and the diversions box. Readings are attached to the air monitoring log.

Remarks, Suggestions, Follow-ups To Be Made:

Site was isolated for access control. Workers for B&S (vac truck drivers, soil remediation crew) will require 1/2 face respirators.

EOD workers at diversion box will wear proper PPE as per yellow book. Recovered oil cell will be full face resp, C/D cell will require 1/2 face resp when working in these areas.

Returned Call To Observer: (Comments)

None needed / Turnover was given on scen.

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Mario Ferrer _____ RSC Mike Garcia

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT Aug 7, 2007

TIME OF INCIDENT 2003

REPORT NUMBER E07-078D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTING PERSON	PHONE/RADIO
<u>17 Pumps 1</u>	<u>B+S</u>	<u>JJ</u>	<u>Dispatch</u>

UNIT	DISPATCHED	ARRIVED	DEPARTED	IN SERVICE
<u>U-1 Darko</u>	<u>2003</u>	<u>2007</u>		<u>2028</u>
<u>U-2 Joseph</u>	<u>2003</u>	<u>2007</u>		<u>2028</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050		<input type="checkbox"/> Bridge, (510)232-9444	
<input checked="" type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

Michelle Morris-Fortson

DISPATCHER (Signature)

Michelle Morris-Fortson

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

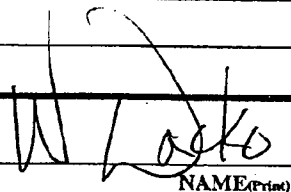
CHEVRON CONTACT _____

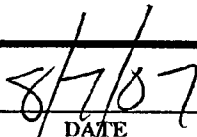
PHONE _____

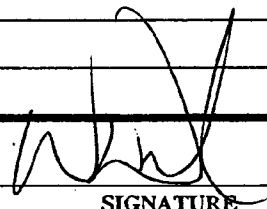
INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

Units responded to report of a gasoline line leak near 17 P.S. Upon arrival Unit 4 met with T&B HO to investigate leak. Leak was observed on the 35 Gas Line just above 182' sump. Leak was misting out of line ~ 1 Gal/min. Leak was completely contained in sump. Gas testing of area revealed 0 LEL and 0 Benzene readings. Line was isolated and evacuated by B&S and leak was stopped. Slight sheen was noticed in sump. Area turned over to B&S and EOD.


NAME(Print)


DATE


SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT Sept 15, 2007

TIME OF INCIDENT 0951

REPORT NUMBER E07-088D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>R 731</u>	DIVISION/SECTION <u>Hydro-Proc</u>	REPORTING PERSON <u>Mark</u>	PHONE/RADIO <u>2134</u>
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UNIT	DISPATCHED	ARRIVED	DEPARTED	IN SERVICE
<u>BC 60 Kirk</u>	<u>0951</u>	<u>0957</u>		
<u>U-1 White</u>	<u>0951</u>	<u>0957</u>		
<u>Truck-1. Ledonne</u>	<u>0951</u>	<u>0958</u>		
<u>E-3 Jelonek</u>	<u>0951</u>	<u>0958</u>		
<u>U-4 Demade</u>	<u>0951</u>	<u>0958</u>		

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>0951</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input checked="" type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input checked="" type="checkbox"/> FOS (U11, 1-C) ext. 2-2689	<u>0951</u>	<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) ext 2-3031	<u>0951</u>	(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

Michelle Morris-Farson *Michelle Morris-Farson*

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID / CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

RESPONDED TO NORTH ISOMAX FOR REPORT OF
LEAKING FLANGE. UPON ARRIVAL PLANT OPERATORS
HAD PUT A STEAM LANCE ON LEAK. NO FIRE
WAS REPORTED. CFD LEFT A MANNED MONITOR
TRUCK UNTIL LEAK COULD BE SECURED BY
MAINT. GAS TEST READINGS WERE 0% LEL
0 PPM H₂S UPON ARRIVAL AND DEPARTURE.

KEITH WHITES

NAME(Print)

9-15-07

DATE



SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 9/17/07

TIME OF INCIDENT 2215

REPORT NUMBER E07-089D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <ol style="list-style-type: none"> 1. A GO-106 filled out and signed by the ABUM 2. A narrative of the facts pertaining to the fire 3. FPO-60 notified for investigation purposes 		

LOCATION <u>K1100</u>	DIVISION/SECTION <u>Hydro/RIOP</u>	REPORTING PERSON <u>STEWART</u>	PHONE/RADIO <u>5287</u>
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UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>BC 60 Angel</u>	<u>2215</u>	<u>2222</u>		
<u>U1 Feeler</u>			<u>0043</u>	<u>0043</u>
<u>E3 Hardin</u>	<u>/</u>	<u>/</u>	<u>0043</u>	<u>0043</u>
<u>T-1 Riesinger</u>				

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>2215</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input checked="" type="checkbox"/> Richmond Dispatch, (510)233-1214	<u>2235</u>
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input checked="" type="checkbox"/> Safety Pager (510)247-5123	<u>2245</u>	<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input checked="" type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959	<u>2249</u>	<input type="checkbox"/> AMR, (888)650-5472	
<input checked="" type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433	<u>2253</u>	<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) ext 2-3031	<u>2253</u>	(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Daryl Robinson

DISPATCHER (Signature) [Signature]

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

Units responded to RLOP for a report of a High pressure Leak on K1100. Units Deployed Truck 1 and Flowed 800 gpm on the source of Leak with aerial Monitor. Units learned that the leak was from a 1 1/2 line that contained Sour Hydrogen. Operation took over scene and took feed out of process and performed a Hot Strip on R 1110.

MARIO Ferrer

NAME(Print)

9/17/07

DATE

[Signature]

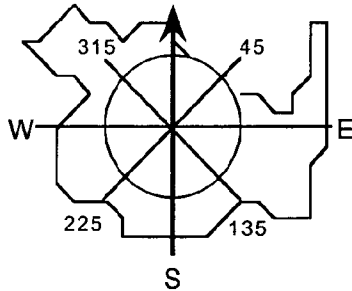
SIGNATURE

BATTALION CHIEF _____

STAFF _____

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log Sheet



Date of Incident: 09/17/2007 **Shift:** Night

Time of Incident: 2215 **Crew:** D

Report Type: Complaint **Report From:** Inside

Report Of: Visible Emission **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 216 **Wind Speed:** 8.4 **Observer:** Operator **Phone #:** 5287

Observer Type: Operations

Observer's Address: RLOP / North Yard

Observer's Description:

Hydrogen LEak on K1100

Area Affected: RLOP **Duration:**

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

B/C Angeli, Lieutenant Ferrer, Firefighter Reisinger, Firefighter, Hardin on scene and noted the 3rd deck (compressor deck) at 11 plant had a leak out of a 1 1/2" line at the weld. Units used the aerial truck and flowed 800 gpm at the source of the leak. Units checked for H₂S, LEL, and Benzene and the base and around the perimeter of 11 plant during first hour of the incident. All readings were zero. Unit 711 - Carla drove around the refinery perimeter between 10:30 pm and 10:50 pm and didn't pick up any odors by nose. Incident was turned over to operations who took feed out of the process and performed a hotstrip on the reactor.

Remarks, Suggestions, Follow-ups To Be Made:

None

Returned Call To Observer: (Comments)

N/A

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Mario Ferrer _____ RSC

Dispatch Report

TIME OF INCIDENT 1340

E07-095 D

FIRE		ENVIRONMENTAL		MEDICAL AID	
<input type="checkbox"/> Process	<input type="checkbox"/> Tank	<input type="checkbox"/> Class A	<input type="checkbox"/> Odor	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor
<input type="checkbox"/> Structure	<input type="checkbox"/> Trash	<input type="checkbox"/> Class B	<input type="checkbox"/> Spill	<input type="checkbox"/> Contractor / Company Name	
<input type="checkbox"/> Grass	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Class C	<input type="checkbox"/> Noise		
<input type="checkbox"/> Mutual Aid	<input type="checkbox"/> Electrical	<input type="checkbox"/> Class D	<input checked="" type="checkbox"/> Leak	Reported Complaint:	
<input type="checkbox"/> Other _____		Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N			
All fires that generate a yellow sheet must have:		<input type="checkbox"/> Spill			
1. A GO-106 filled out and signed by the ABUM		Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N			
2. A narrative of the facts pertaining to the fire		<input type="checkbox"/> GLM - fill out Enviro Info Form?			
3. FPO-60 notified for investigation purposes					
LOCATION 21 P.S.		DIVISION/SECTION T3B	REPORTING PERSON D. Edinger	PHONE/RADIO	
UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE	
U-1	1540	1543	1551	1551	
U-2	1540	1543	1551	1551	
Eng 3-08	1540	1543	1549	1551	
BC60	1540	1544	1551	1551	
NOTIFICATIONS		TIME	NOTIFICATIONS		TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050		1545	<input type="checkbox"/> Bridge, (510)232-9444		
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252			<input type="checkbox"/> Richmond Dispatch, (510)233-1214		
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242			<input type="checkbox"/> RPD Watch Comm. (510)620-6643		
<input type="checkbox"/> Clinic ext 2-3240			<input type="checkbox"/> Sheriff, (925)228-8282		
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714			<input type="checkbox"/> CHP, (707)551-4205		
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831			<input type="checkbox"/> Coast Guard, (415)399-3547		
<input checked="" type="checkbox"/> Safety Pager (510)247-5123		1547	<input type="checkbox"/> FBI (24hrs.) (415)553-7400		
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959			<input type="checkbox"/> AMR, (888)650-5472		
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433			<input type="checkbox"/> Cal Star (800)252-5050		
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584			(Calcord Freq. 156.075)		
<input type="checkbox"/> Truck Scales ext. 2-4571			<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358		
<input type="checkbox"/> Public Relations ext. 2-2400			(Rescue 28, S-S)		
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689			<input type="checkbox"/> WPSI Railserve, ext. 2-2504		
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031			(U201 or U202, 1-A)		
(Notify for the fire pumps)			<input type="checkbox"/> General Chemical ext. 2-2495		

DISPATCHER (Signature)

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

RESPONDED TO 21 PG FOR REPORT OF LEAK.
UPON ARRIVAL LEAK WAS AT 1-2 DROPS PER MIN.
LEAK WAS ADGAS. BENZENE TESTING DETERMINED
NONE PRESENT. 0% LEL & 0PPM H₂S.

K WHICE

NAME(Print)

10 9-26-07

DATE

[Signature]

SIGNATURE

BATTALION CHIEF

STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 10/1/07

TIME OF INCIDENT 1520

REPORT NUMBER EOA-0990

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTING PERSON	PHONE/RADIO
<u>GMC / Rail tracks</u>	<u>Maint</u>	<u>Daryl Cooper</u>	<u>2-2708</u>

UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>U-1</u>	<u>1520</u>	<u>1523</u>		<u>1535</u>
<u>U-2 / E-3</u>	<u>1520</u>	<u>1523</u>		
<u>U-3</u>	<u>1520</u>	<u>1523</u>		
<u>BC-60</u>	<u>1520</u>	<u>1</u>		

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>1522</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) George Harper

DISPATCHER (Signature) George Harper

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

RESPONDED TO AN ORDER COMPLAINT OF
NATURAL GAS FROM THE GING OFFICE.
CONTACTED R.P. AT OFFICE AND ORDER HAD
DISAPPEARED. VACUUM TRUCK WAS OFF LOADING
TO THE SEPARATOR AT CALOGE AND MAIN STREET.
UNIT 3 + UNIT 2 WALK OUT RAIL CAR WITH
GAS TECK. #1 POWER CALL IN FOR A HIGH CO₂
LEVEL IN PLANT. PROJECT #1 INVESTIGATED.
AND #1 POWER HAD A FLANGE LEAK ON THE
TOP SIDE OF THE MIDDLE ~~FLANGE~~ FERNCE. BY THE
FLANGE THE CO WAS 80PPM. AT WORKING
AREA THE CO WAS 2PPM AND SO₂ 2PPM.
OPERATIONS MADE THE HOT ZONE ON TOP DECK.
OPERATION WILL WORK ON BOTTOM UNTIL
PRESSURE IS AT 0 PSI. ALL UNIT WENT
BACK TO SERVICE

Paul A Reisinger
NAME(Print)

10-1-07
DATE

Paul A Reisinger
SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 10/14/07

TIME OF INCIDENT 2159

REPORT NUMBER E07-100D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>R610 NISO</u>	DIVISION/SECTION <u>Hydro</u>	REPORTING PERSON <u>S. McDowell</u>	PHONE/RADIO <u>2134</u>
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UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>BC-60 Angeli</u>	<u>2153</u>		<u>2301</u>	<u>2301</u>
<u>U1 Riesinger</u>	<u>/</u>	<u>2200</u>	<u>2306</u>	<u>2306</u>
<u>U2 T-L Harper</u>	<u>/</u>	<u>2201</u>	<u>2300</u>	<u>2300</u>
<u>U3 DAMOCLE</u>	<u>/</u>	<u>2200</u>	<u>2306</u>	<u>2306</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>2154</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input checked="" type="checkbox"/> EOD (U-126, 1-G) <u>F41</u> ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) Daryl Johnson

DISPATCHER (Signature) [Signature]

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

LEAK ON A 1/2 INCH LINE ON TOP OF R610
AT NORTH ISOMAX. UNIT 1, UNIT 2, UNIT 3, AND
BC 60 ARRIVED ON SCENE ON ISOMAX STREET.
UNIT ONE CONTACT THE HEAD OPERATOR OF
NORTH ISOMAX. NORTH ISOMAX OPERATOR WAS
RELIEVING THE REACTOR TO ATMOSPHERE AND
OVER HEAD RELIEF. UNITS WAITED ABOUT
20 MINUTES FOR REACTOR TO PRESSURE DOWN.
UNIT ONE AND UNIT THREE WITH HEAD OPERATOR
WENT TO TOP OF R610 WHEN PRESSURE WAS
AT A SAFE PRESSURE. TRUCK 60 WAS STANDING
BY ON BOTTOM OF REACTOR WITH UNIT TWO.
UNIT THREE STANDED BY AT SAFE DISTANCE
WHILE UNIT ONE AND UNIT HEAD OPERATOR
ISOLATED LEAKING LINE. VALVES ^{WERE} ~~WAS~~ BLOCKED
OFF. ALL UNITS RETURN TO SERVICE.

Paul Reisinger

NAME(Print)

10-14-07

DATE

Paul Reisinger

SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT Nov. 8, 2007

TIME OF INCIDENT 1610

REPORT NUMBER E07-111A

FIRE	ENVIRONMENTAL	MEDICAL AID
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>Drill Grounds</u>	DIVISION/SECTION <u>EOD</u>	REPORTING PERSON <u>Dan &</u>	PHONE/RADIO <u>X2445</u>
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UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>BC 60 Davis</u>	<u>1610</u>	<u>1614</u>	<u>1657</u>	<u>1657</u>
<u>U-1 Bosworth</u>	<u>1610</u>	<u>1613</u>	<u>1657</u>	<u>1657</u>
<u>E3 P.O.</u>	<u>1610</u>	<u>1613</u>	<u>1657</u>	<u>1657</u>
<u>U-2 Tandegren</u>	<u>1610</u>	<u>1613</u>	<u>1657</u>	<u>1657</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050		<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-1495	

DISPATCHER (Print) Michelle Morris-Portson

DISPATCHER (Signature) Michelle Morris-Portson

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

Responded to the corner of Ammonia + Channel.
20-24 inch stainless steel w/ pin hole leak.
Line was identified by South Isomax as
A CO₂ line running from South Isomax
→ BOC gas in Point Richmond. Liquid to grade
was CO₂ + H₂O = Carbonic Acid diluted. Checked
PH ≈ 6.5. Leak was turned over to operations
for nightshift to handle.

Greg Isomax 11/8/07 [Signature]
NAME (Print) DATE SIGNATURE
BATTALION CHIEF _____ STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 11/27/07

TIME OF INCIDENT 1600

REPORT NUMBER E07-121B

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM – fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION <u>STANDARD & Racks</u>	DIVISION/SECTION <u>B+S</u>	REPORTING PERSON <u>M. Ayers</u>	PHONE/RADIO <u>A1</u>
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UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>BC60 Tydingco</u>	<u>1600</u>			
<u>U1 Reisinger</u>		<u>1601</u>		
<u>E3 Hardin</u>		<u>1602</u>		
<u>HAZ-Mat 60 Harper</u>		<u>1603</u>		<u>1622</u>

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>1602</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2405	

DISPATCHER (Print) Daryl R. Johnson

DISPATCHER (Signature) [Signature]

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

CHEIF 1 CALLED ON the RADIO AND REPORTED THAT there is A WATER & OIL LEAK ON STANDARD ROAD AND RAY STREET. UNIT 1, 2, 3 RESPONDED. UNIT ONE TOOK COMMAND, UNIT 2 RESPONDED WITH ENGINE 3, ~~UNIT 3~~ UNIT 3 RESPONDED IN HAZMAT GO. 1/2 BURREL OF OIL AND WATER WAS ON GROUND 1/3 OF PRODUCT IS OIL. STANDARD ROAD WAS BLOCK OFF. BENZON READINGS AT A 0.4 ppm AT Breathing AREA. NO LEL, NO H₂S, OR CO READINGS. A STEAMER POT OVER PRESSURE FROM the 637 LINE OF SAFETY OPERATOR QUICKLY SUBSTITUTED the STEAM TO ~~POT~~ POT. EXORDALL PADS & KITTY LITTER WAS PUT ON OIL. LEAK WAS TURNED OVER TO BGS OPERATORS

PAUL REISNER

NAME(Print)

11-27-07

DATE

Paul Reisner

SIGNATURE

BATTALION CHIEF _____

STAFF _____

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 12-6-07

TIME OF INCIDENT 0300

REPORT NUMBER E07-123D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <u>0.5 ppm</u> <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTING PERSON	PHONE/RADIO
<u>Petrolite Hill Blvd station</u>	<u>B+S</u>	<u>DAN RANSKOE</u>	<u>510 691-1325</u>

UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
U-1 SYLWA	0300	0302	0404	0408
U-2 HARDIN	0300	0302	0404	0408
U-3 FARINA-E-3	0300	0315	0404	0408
BC-60 DAVIS	0300	0302	—	0350

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	0304	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050 (Calcord Freq. 156.075)	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358 (Rescue 28, S-S)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input checked="" type="checkbox"/> WPSI Railserve, ext 2-2504 (U201 or U202, 1-A)	0302
<input type="checkbox"/> Public Relations ext. 2-2400		<input type="checkbox"/> General Chemical ext. 2-2495	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689			
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031 (Notify for the fire pumps)			

DISPATCHER (Print) DANIEL HOPKINS DISPATCHER (Signature) [Signature]

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

CFD responded to Petrolite Hill Rd. near the "Y" for the report of a black "goo" coming down the hill. First Arriving units isolated the Area, command was established, And Atmospheric testing was conducted. Approx. 3-4 bbls. was already pooling near the r/r tracks @ Petrolite Hill Rd. Atmospheric testing Around the leak and spilled mat'l showed 0 LEL and 0 H₂S on the ITX tester And .5 ppm benzene on the Ultra Rae. Units located the source of the leak and w/ Ops. Assistance the leak was isolated. CFD then isolated via diking around A stormwater or process sewer vault. The Area was turned over to Ops. & EOD for cleanup

Martin S. Silva

NAME(Print)

12/6/07

DATE

[Signature]

SIGNATURE

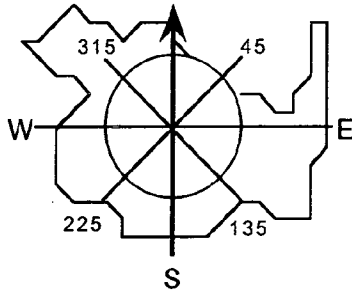
BATTALION CHIEF

CA Davis

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log
Sheet



Date of Incident: 12/06/2007 **Shift:** Night

Time of Incident: 0300 **Crew:** A

Report Type: Complaint **Report From:** Inside

Report Of: Spill **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 315 **Wind Speed:** 2 **Observer:** Dan **Phone #:** (510) 691-1325

Observer Type: Contractor

Observer's Address:

Observer's Description:

Dan stated he could see a black "goo" coming down the hill at Petrolite Hill Rd. near the "Y".

Area Affected: Petrolite Hill Rd. **Duration:** 3 hrs.

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

A leak was found at the pump manifold at the Petrolite Hill blend station on the 172 line containing HCO. Approx 10 bbls leaked to the ground. The leak was isolated by Ops.

Remarks, Suggestions, Follow-ups To Be Made:

B&S and EOD working on a clean up plan. Atmospheric testing showed 0 LEL and 0 H2S by the ITX tester and .5 ppm benzene by the UltraRae.

Returned Call To Observer: (Comments)

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE M.Sylva _____ RSC J. Fortson

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 12-10-07

TIME OF INCIDENT 1315

REPORT NUMBER E07-1260

<u>FIRE</u>		<u>ENVIRONMENTAL</u>		<u>MEDICAL AID</u>	
<input type="checkbox"/> Process	<input type="checkbox"/> Tank	<input type="checkbox"/> Class A	<input type="checkbox"/> Odor	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor
<input type="checkbox"/> Structure	<input type="checkbox"/> Trash	<input type="checkbox"/> Class B	<input type="checkbox"/> Spill	<input type="checkbox"/> Contractor / Company Name	
<input type="checkbox"/> Grass	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Class C	<input type="checkbox"/> Noise		
<input type="checkbox"/> Mutual Aid	<input type="checkbox"/> Electrical	<input type="checkbox"/> Class D	<input checked="" type="checkbox"/> Leak	Reported Complaint: _____	
<input type="checkbox"/> Other _____		Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <u>0 ppm</u>			
<u>All fires that generate a yellow sheet must have:</u>		<input type="checkbox"/> Spill <u>1342 0 ppm</u>			
1. A GO-106 filled out and signed by the ABUM		Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N			
2. A narrative of the facts pertaining to the fire		<input type="checkbox"/> GLM - fill out Enviro Info Form?			
3. FPO-60 notified for investigation purposes					
LOCATION <u>#1 Pump Station</u>		DIVISION/SECTION <u>CRUDE / BTS</u>	REPORTING PERSON <u>DON EDLINGER</u>	PHONE/RADIO <u>2395</u>	
UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE	
U-1 SYLVA	1315	1318	}	1337	
U-2 FARINA	1315	1326		1342	
U-3 LEDONNE	1315	1320		1332	
U-4 BRISEND	1315	1326		1342	
BC-60 DAVIS	1315	1318		1337	
NOTIFICATIONS		TIME	NOTIFICATIONS		TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050		1316	<input type="checkbox"/> Bridge, (510)232-9444		
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252			<input type="checkbox"/> Richmond Dispatch, (510)233-1214		
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242			<input type="checkbox"/> RPD Watch Comm. (510)620-6643		
<input type="checkbox"/> Clinic ext 2-3240			<input type="checkbox"/> Sheriff, (925)228-8282		
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714			<input type="checkbox"/> CHP, (707)551-4205		
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831			<input type="checkbox"/> Coast Guard, (415)399-3547		
<input type="checkbox"/> Safety Pager (510)247-5123			<input type="checkbox"/> FBI (24hrs.) (415)553-7400		
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959			<input type="checkbox"/> AMR, (888)650-5472		
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433			<input type="checkbox"/> Cal Star (800)252-5050		
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584			(Calcord Freq. 156.075)		
<input type="checkbox"/> Truck Scales ext. 2-4571			<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358		
<input type="checkbox"/> Public Relations ext. 2-2400			(Rescue 28, S-S)		
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689			<input type="checkbox"/> WPSI Railserve, ext 2-2504		
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031			(U201 or U202, 1-A)		
(Notify for the fire pumps)			<input type="checkbox"/> General Chemical ext. 2-2495		

DISPATCHER (Print) DANIEL HOPKINS

DISPATCHER (Signature) [Signature]

CUSA-CSB-0019761

EPA

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID / CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

CFD responded to #1 pump station for a leak possibly involving "cutter" upon arrival units found a very slow "weeping" material coming from the wall area near the #1 PRU line. Atmospheric testing at and around the leak showed no LEL w/ the ITEX and 0 ppm benzene with the UltraRAE. The area was turned over to BAS ops.

M.S. Sylva

NAME (Print)

12/10/07

DATE

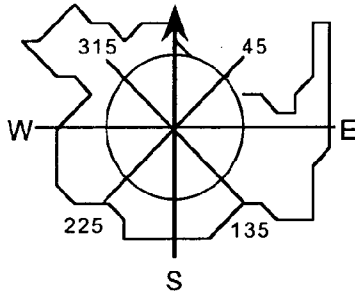
SIGNATURE

BATTALION CHIEF

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log
Sheet



Date of Incident: 12/10/2007

Shift: Day

Time of Incident: 1315

Crew: A

Report Type: Informational

Report From: Inside

Report Of: Spill **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 225 **Wind Speed:** 3 **Observer:** Don Edlinger **Phone #:** 242-2395

Observer Type: Refinery emp

Observer's Address:

Observer's Description:

Mr Edlinger reported a leak possibly cutter under roadway at #1 pump station.

Area Affected: T&B #1 pump **Duration:** 1342

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Was called to a Leak at #1 pump station. Performed area monitoring and found 0=H2S, 0=LEL, 0=Benzene. very small leak found seeping from wall at #1 prv line. Turned over to Operations at 1342.

Remarks, Suggestions, Follow-ups To Be Made:

To use a Vacuum truck and use spill pools

Returned Call To Observer: (Comments)

NA

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Greg Farina _____ RSC John Fortson

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 12/14/07

TIME OF INCIDENT 1327

REPORT NUMBER E07-129 D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak 1700 ft 1.6 ppm Benzene? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ Reported Complaint: _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTING PERSON	PHONE/RADIO
<u>Petrolite & Channel</u>	<u>Refinery</u>	<u>Steve Carter</u>	<u>CFD-Disp U-303</u>

UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
<u>U-1</u>	<u>1327</u>	<u>1332</u>	<u>Petrolite Command</u>	<u>1410</u>
<u>U-2 / Haz Mat</u>	<u>1327</u>	<u>1333</u>		<u>1410</u>
<u>U-3 / E3</u>	<u>1327</u>	<u>1333</u>		<u>1410</u>
<u>BE-60</u>	<u>1327</u>	<u>1340</u>	<u>Assumed Command</u>	

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	<u>1335</u>	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) George Harper

DISPATCHER (Signature) G. Harper

CHEVRON FIRE DEPARTMENT
Dispatch Report

MEDICAL AID/CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

A CALL FROM UNIT 300 THAT there High ^{lel}
IN WAS AN OLD ABANDON PIPE AT CHANNEL
AND PetroLite ROAD. UNIT 1, 2, 3, & BCEO
ARRIVED ON SCENE. UNIT 1 CALLED A
HAZMAT. SCENE. ENGINE 3 & HAZMAT6
WAS ON SCENE. UNIT 2 & 3 GOT AIR
READINGS FOR BENZEEN AND LEL.
BENZEEN READINGS IN HOLE WAS 1.4 ppm.
BENZEEN READING IN BREATHING AREA
WAS 0.4. 50% LEL IN HOLE & BREATHING
AREA WAS 0% lel. Goble COVERED
HOLE WITH METAL PLATE. ALL UNITS
RETURNED BACK TO SERVICE

Paul Resniko

NAME(Print)

12-14-07

DATE

Paul Resniko

SIGNATURE

BATTALION CHIEF

[Signature]

STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT 12-19-07

TIME OF INCIDENT 0939

REPORT NUMBER E07-131D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION	DIVISION/SECTION	REPORTING PERSON	PHONE/RADIO
SO 150 <i>FIN/FAAN</i> E-13DD	HYDRD SO 150	UNIT-2	

UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
1	0939	0947	1015	1015
2	0939	0939	1015	1015
3 ENG-3	0939	0945	1015	1015
Re 10	0939	0943	1015	1015

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	0940	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print) G. FAZINA

DISPATCHER (Signature)

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AIDS: Exclude individually identifiable health information pursuant to HIPAA regulations.)

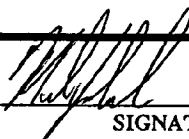
Crew responded to a leak at S. Isomax on the Fin Fan Deck, the Product that was leaking was Pentane. Units 1 & 2 went up to check out the leak in Proper PPE, Determined that the leak had stopped & was informed by operation that they where purging the system with nitrogen to get out all of the liquied. Once operation confirmed all the liquied was out of the system Unit 2 re-tested the area and it was clear. All units went back in-service and the area was turned back over to operations.

Mark Delonick

NAME(Print)

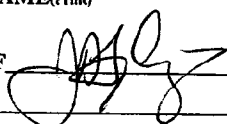
12/19/07

DATE



SIGNATURE

BATTALION CHIEF



STAFF

CHEVRON FIRE DEPARTMENT

Dispatch Report

DATE OF INCIDENT

~~2/20~~ 12/20/07

TIME OF INCIDENT

2130

REPORT NUMBER

E07-132D

<u>FIRE</u>	<u>ENVIRONMENTAL</u>	<u>MEDICAL AID</u>
<input type="checkbox"/> Process <input type="checkbox"/> Tank <input type="checkbox"/> Class A <input type="checkbox"/> Structure <input type="checkbox"/> Trash <input type="checkbox"/> Class B <input type="checkbox"/> Grass <input type="checkbox"/> Vehicle <input type="checkbox"/> Class C <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Electrical <input type="checkbox"/> Class D <input type="checkbox"/> Other _____	<input type="checkbox"/> Odor <input type="checkbox"/> Spill <input type="checkbox"/> Noise <input checked="" type="checkbox"/> Leak Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Spill Benzene? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> GLM - fill out Enviro Info Form?	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Company Name _____ <u>Reported Complaint:</u> _____ _____ _____ _____ _____
<p><u>All fires that generate a yellow sheet must have:</u></p> <p>1. A GO-106 filled out and signed by the ABUM</p> <p>2. A narrative of the facts pertaining to the fire</p> <p>3. FPO-60 notified for investigation purposes</p>		

LOCATION K-1171	DIVISION/SECTION D&R	REPORTING PERSON Marsha	PHONE/RADIO 2-2946
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UNIT	DISPATCHED	ARRIVED	DEPARTED	INSERVICE
U-1	2130	2134		
U-2	2130	2134		
U-3	2130	2134		

NOTIFICATIONS	TIME	NOTIFICATIONS	TIME
<input checked="" type="checkbox"/> RSC, (U709, 1-A) ext 2-5050	2135	<input type="checkbox"/> Bridge, (510)232-9444	
<input type="checkbox"/> SYSS, (U710, 1-A) ext 2-5252		<input type="checkbox"/> Richmond Dispatch, (510)233-1214	
<input type="checkbox"/> NYSS, (U711, 1-A) ext 2-4242		<input type="checkbox"/> RPD Watch Comm. (510)620-6643	
<input type="checkbox"/> Clinic ext 2-3240		<input type="checkbox"/> Sheriff, (925)228-8282	
<input type="checkbox"/> Ann Dinh (Medical, 24/7) Pager (510)620-7714		<input type="checkbox"/> CHP, (707)551-4205	
<input type="checkbox"/> Long Beach Medical Clinic (562)437-0831		<input type="checkbox"/> Coast Guard, (415)399-3547	
<input type="checkbox"/> Safety Pager (510)247-5123		<input type="checkbox"/> FBI (24hrs.) (415)553-7400	
<input type="checkbox"/> CFD Chief ext. 2-5000 Pager (510)620-7959		<input type="checkbox"/> AMR, (888)650-5472	
<input type="checkbox"/> FPO-60 ext. 2-5481 Pager (510)620-7433		<input type="checkbox"/> Cal Star (800)252-5050	
<input type="checkbox"/> S-1 ext. 2-1878 Pager (510)620-7584		(Calcord Freq. 156.075)	
<input type="checkbox"/> Truck Scales ext. 2-4571		<input type="checkbox"/> RPD Marine Patrol Boat, (510)685-9358	
<input type="checkbox"/> Public Relations ext. 2-2400		(Rescue 28, S-S)	
<input type="checkbox"/> FOS (U11, 1-C) ext. 2-2689		<input type="checkbox"/> WPSI Railserve, ext 2-2504	
<input type="checkbox"/> EOD (U-126, 1-G) ext 2-3031		(U201 or U202, 1-A)	
(Notify for the fire pumps)		<input type="checkbox"/> General Chemical ext. 2-2495	

DISPATCHER (Print)

George Harper

DISPATCHER (Signature)

George Harper

CHEVRON FIRE DEPARTMENT

Dispatch Report

MEDICAL AID /CONTACT INFORMATION

COMPANY NAME _____

SUPERVISOR _____

PHONE _____

CHEVRON CONTACT _____

PHONE _____

INVESTIGATIVE RESULTS

(For MEDICAL AID: Exclude individually identifiable health information pursuant to HIPAA regulations.)

Units responded to D&R East for a report of H2S Alarms going off. Units made contact with H O, whom stated K1171 is down and has residual oil leaking by. The oil contains H2S odors, causing his alarm to sound off. Unit's took readings and picked up 17 ppm with Itr in Breathing Zone. Units taped off area and informed OPS. K1171 is scheduled for repair and SBA will be worn in taped off area. Plant turned back over to OPS.

[Signature]

NAME (Print)

12/2/07

DATE

[Signature]

SIGNATURE

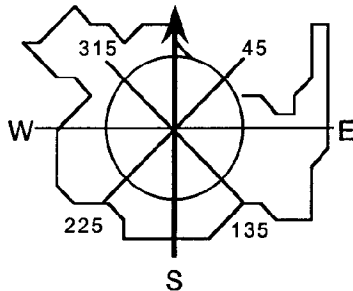
BATTALION CHIEF

[Signature]

STAFF

Chevron Field Representative - Environmental Report

Air Monitoring Sample Log
Sheet



Date of Incident: 12/20/2007 **Shift:** Night

Time of Incident: 2130 **Crew:** D

Report Type: Inquiry **Report From:** Inside

Report Of: Odor **Source:** Refinery

Confirmed On-Site By CFRE: Yes

Wind Direction: 315 **Wind Speed:** 11 **Observer:** Marsha **Phone #:** 2946

Observer Type: Operator

Observer's Address: D&R East

Observer's Description:

H2S alarms sounding off

Area Affected: D&R K1171 **Duration:** 2 hours

CFRE's Findings and Corrective Action: (Include Names of Contacts and Plants Visited)

Captain Ferrer, Lieutenant Reisinger, Firefighter Johnson, and Firefighter Hardin arrived to D&R control room for report of H2S monitors sounding off. Units made contact with Head Operator Dave, whom stated that his H2S monitor alarmed when he was near K1171. Stated that there is a packing leak and there is residual oil from the compressor that has H2S odor. Reisinger and Hardin took readings at the compressor and took reading with the ITX and receive 17 ppm at the breathing zone. Units taped off area and informed operations of the Hazards and suggested SCBA in the taped off area. K1171 is currently down and the packing leak is scheduled to be repaired.

Remarks, Suggestions, Follow-ups To Be Made:

None

Returned Call To Observer: (Comments)

None

Total Number of Reports This Year: Internal 0 External 0

Bookcopy Signed By: CFRE Mario Ferrer _____ RSC